

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

59-011896  
STATE FILE NUMBER

FILED APR 14 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

943

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MEHLVILLE</b>		c. CITY OR TOWN <b>Richmond Heights</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kerth Rd Box #785 2 wks</b>		d. STREET ADDRESS <b>1321 McCutcheon</b>	
3. NAME OF DECEASED (Type or print) <b>Baby George Taylor</b>		4. DATE OF DEATH <b>April 6, 1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 3, 1959</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S.A.</b>		13a. FATHER'S NAME <b>George Taylor the 3rd</b>	
13b. MOTHER'S MAIDEN NAME <b>Marcia Willis</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no NONE</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT Address <b>G. C. Taylor 420 E. Madison</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Meningitis</b> DUE TO (b) <b>Meningo myelocel</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>75/1X</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, actory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <b>2 P.M.</b>		to <b>birth</b> , to <b>April 1st</b> and last saw <b>him</b> live on <b>April 1st</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Maurice J. Lonsaway M.D.</b>		22b. ADDRESS <b>8225 Clayton</b>	
22c. DATE SIGNED <b>4/6/59</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>	
23b. DATE <b>April 7, 1959</b>		23c. LOCATION (City, town, or county) <b>St. Louis County Mo</b>	
24. FUNERAL DIRECTOR <b>C.R. Lupton and sons 7233 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>4-7-59</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Clarence H. Hurst

Licensed Embalmer No. 4011  
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.